

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">09800276</div>	FILING DATE <div style="font-family: cursive; font-size: 1.2em;">03-05-01</div>
APPLICANT(S)								
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	1							
TOTAL DEP.	6							
TOTAL CLAIMS	7							
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TOTAL IND.								
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TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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